Growing up on the Island

THE MONTRÉAL YOUTH PROJECT

RÉGIE RÉGIONALE
DE LA SANTÉ ET DES
SERVICES SOCIAUX
DE MONTRÉAL-CENTRE

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Growing up on the Island is the fruit of a comprehensive discussion process between the partners who work with youth in Montréal.

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Introduction

Growing up on the Island, the Montréal Youth Project, is an initiative for children and youth in Montréal. The project involves numerous players from the youth sector who were also its principal architects.

The project is designed to improve the health and well-being of children and youth, and to reduce the number of children who are victims of negligence and violence, the number of violent acts committed by youth and the number of youth who are excluded or marginalized from mainstream society.

All youth will be targeted through promotion and prevention activities. These activities are useful before problems arise.

But, because many of our youth live in situations in which their development is at risk, or which may even cause them to develop serious social adjustment problems, this youth project is therefore particularly aimed at vulnerable youth, children who are victims, drop-outs or marginalized. Some of these children are victims of the brutality, negligence, ignorance or indifference of adults. Others may rebel, become violent, break laws, abuse alcohol and drugs or even practice prostitution. They may also drop out of school early or be obsessed by suicidal thoughts[1].

This project should be considered as a pact between the various partners who have agreed to take on the challenge of joining forces to work together on behalf of Montréal's children and youth. The enthusiasm stimulated by this project is fueled by the knowledge that coordinating and focussing our actions will lead to a more positive outcome for the development of a great many youth in Montréal.

This document also encourages others to get involved, by promoting projects at the community level. We must ensure that those projects stimulated by the Montréal Youth Project receive the support they require.

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1 *"Un Québec fou de ses enfants"* Report by the Working Group for Youth. Camil Bouchard, Chairman. MSSS. 1991

This document was prepared following public hearings held in 1998, attended by partners from the health and social service network. It was also the subject of a consultation held by the diverse partners who formed the Coordination Committee of the Montréal Youth Project. It embodies the objectives concerning services for youth set out in the Régie régionale de Montréal-Centre's plan to improve health services and social services: 1998-2002.

The document is divided into four main sections. The first, "Rationale for the Montréal Youth Project", describes the circumstances surrounding this project. The second, "Enthusiastic and United Partners", discusses the importance of all the partners. The third section, "A Current Portrait", reports on the situation of youth in Montréal and describes the achievements, deficiencies and limitations of the current service network. The final section, "Orientations", lists the orientations, guidelines and objectives for the Montréal Youth Project.

1.

Rationale for the Montréal Youth Project

A commitment on the part of the Régie régionale de Montréal Centre

The Montréal Youth Project should not be dismissed as "just another document on youth".

In addition to the information it contains, it must first and foremost be considered a commitment, reflecting the partners' desire to initiate effective actions to improve the living conditions and health and well-being of children and youth in the Montréal region.

Following in the same direction as these other documents, it reinforces deliberations concerning prevention and the value of joint, complementary and more integrated actions. It also seeks to implement a number of recommendations which have already been made by the experts and to ensure their adaptation to the situation in Montréal.

This document is, however, distinctive in its capacity to have a direct impact on the number, scope, and coordination of various services offered to Montréal's children and youth.

"Accent on Access", Plan to improve health services and social services, 1998-2002, June, 1998.

In May 1998, the Board of Directors of the Régie régionale gave the green light to the Montréal Youth Project. "A shared and mobilizing youth project designed for youth and their parents".

Its main orientations are designed to more effectively combat parental negligence, family violence toward children, violence during adolescence, exclusion and marginalization.

The Board of Directors set the main terms of reference for this youth project:

- To reinforce prevention and promotion activities as well as all interventions carried out before problems arise;
- improve access to services in each CLSC territory as well as at the regional level;
- To establish coordination and cooperation mechanisms on the local and regional levels;
- To improve the integration of specialized services.

"Accent on Access" is part of a continuous process initiated in the plan to reorganize services from 1995-1998: *"Achieving a new balance"*.

A consensus among the experts

***"Agissons en complices"**, A strategy to support the development of children and youth, 1998.*

The "Cliche Report" proposes an action plan to support the development of children and youth. It includes a reminder of the orientations concerning youth around which a consensus has already been established, and presents a number of principles which must guide future action involving children, youth and their parents.

The Cliche report establishes a variety of specific measures which are designed to promote the shared commitment and mobilization of all the players involved with children and youth. They involve taking steps to enable interventions before difficulties arise, ensuring that integrated quality services are accessible to the users and adopting an approach designed to measure the results.

A desire to improve youth protection activities and the accessibility of services for youth

***"Situation report and recommendations** in regard to waiting lists for youth protection and the accessibility of services for youth", 1998.*

The group of experts in clinical organization of youth services, also known as the "Lebon Committee", qualifies the current situation in regard to youth protection and the accessibility of services for youth as being of great concern.

The Committee considers that the safety and development of youth have been compromised on two levels:

- the first concerns assessment waiting lists throughout the Province of Québec. Their volume is three times the assessment capacity in most of the regions;
- the second involves youth at home without services, waiting to have a social worker assigned, after their safety and development have been declared compromised.

"The gravity of the situation calls for immediate action, in view of the vulnerability of these young people". Various recommendations have been drawn up to remedy the situation.

A national public health priority

"Priorités nationales de Santé publique 1997-2002", 1997.

This document specifies the public health action priorities to be introduced throughout the Province of Québec by the Ministère de la Santé et des Services sociaux and the regional boards between now and 2002. The development and social adjustment of children and youth are identified within these priorities.

A five-year period has been set for these priorities since the authors consider this horizon to be sufficiently close that it will serve as a mobilizing factor and sufficiently far off to enable observation of significant results.

A proactive prevention strategy based on solidarity and accountability

"Famille en tête 1995-1997", Plan of action for partners working with families, 1995.

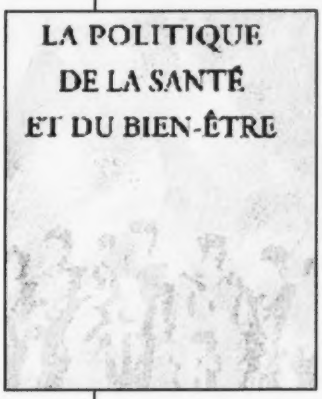
The objective of the family policy is to create a more receptive society for parents and for children. The outline of the plan of action calls for a joint approach, sets a premium on prevention and promotes peaceful behaviors.

This policy is based on solidarity and accountability. "All of society must be motivated by a permanent desire to promote prevention". Generalizing prevention measures requires a commitment by everyone. A consensus has been established: We must invest more to prevent problems before they appear.

An approach clearly oriented toward prevention

"Policy on Health and Well-being", 1992

This policy defines the most important issues facing the health and social service system. Based on nineteen problems and eight vulnerable groups, it calls on the players in the health system to adopt an approach which focuses on determinants for health and well-being and encourages intervention strategies which involve the promotion of health and well-being and the prevention of social and health problems.



Children and youth at the centre of collective life

"Un Québec fou de ses enfants", 1991

Camil Bouchard, Chairman of the Working Group on Youth chose to title his report *"Un Québec fou de ses enfants"* (Québec, a Province crazy about its youth) in order to remind all adults in Québec how important it is that each child and youth should be able to count on the presence of an attentive, loving adult who is "crazy" about him.

In 1991, the working group attempted to identify actions which, over a ten-year period, could reduce the number of children and youth who will experience serious difficulties.

The authors of the report consider that it is possible to radically reduce the extent of these problems, providing we begin by recognizing the signs of deficiencies in the conditions indispensable to the optimum development of children and youth.

The document proposes measures designed to correct a number of critical situations which threaten the development of children and youth.

2.

Enthusiastic and united partners

Beyond the health and social service system...

As our understanding of health and social problems increases, we have been able to identify certain elements as being consistently linked to the presence of a variety of problems. The presence of the health and social services system is only one of the determining factors for health and well-being. The others include:

- Biological and genetic factors;
- Life style and behaviors related to health such as the use of tobacco, consumption of alcohol, physical activity, diet, sexual behavior;
- Living environments, comprising the family, school and work environments as well as the social environment and, more specifically, the social network and male-female relations;
- The physical environment such as the quality of air and water;
- Living conditions, including income, education, housing, employment;
- The service system.

These factors all influence the health and well-being of people in various ways, with living conditions playing a preponderant role. Poverty is particularly closely associated with several problems including abuse and negligence toward children, conjugal violence, mental disorders, suicide, infant mortality and morbidity, disabilities and homelessness.

The quality of the family, school and work environments as well as the social network and relations between men and women are all related to several social problems, but are increasingly being associated with health problems as well.

In order to be effective, we must target all of the various factors which are at play. In addition to ensuring provision of health and social services, we must work towards improving living conditions, particularly with regard to income, education, housing, and employment. This is the only way to improve the health and well-being of our population, particularly our youth[2].

People are concerned and involved

A number of partners, from outside as well as within the traditional health and social services network, are increasingly concerned about and involved in improving in the health and well-being of youth in Montréal.

"Growing up on the Island" involves many of these partners, commencing with the network institutions which are directly concerned: the CLSCs and Youth centres, followed by other sectors of the health and social service network: physical health, mental health, physical impairment, intellectual impairment and alcoholism - drug addiction.

2 Inspired by *"Policy on Health and Well-being"*, MSSS, 1992

We know that, on its own, the health and social service network cannot significantly change the health, living conditions or future of certain youth in Montréal. Fortunately, the Montréal community includes many organizations in various sectors which are also concerned by the situation and future of our youth. These include the schools, day-care centres, places of work, community organizations, municipalities, the police and the corporate world.

Il faut un village pour s'occuper d'un enfant

The Island of Montréal has 5 school boards, 646 schools (521 public and 125 private), 49 neighborhood police stations, 495 community organizations (of which close to 150 concentrate exclusively on youth), close to 150 health and social service institutions including 29 CLSCs and 2 youth centres, approximately 260 early childhood centres, 28 local employment centres and 29 municipalities.

All of these players, as indispensable partners, carry on activities which have a determinant impact on the development of youth. Making sure their activities are properly linked to offer improved access, integration, continuity and complementarity of services to youth is the very substance of the Montréal Youth Project. We are not starting from zero: several major initiatives inspired by the principles outlined in the above-mentioned reports are being implemented in the Montréal-Centre territory and numerous local projects are already bringing many of the partners together.

Specific contributions

CLSCs

The CLSCs provide basic services (preventive and curative health services and social services, as well as rehabilitation and reintegration services) adapting them locally to the specific characteristics of their populations and encouraging complementarity and cooperation among all the partners. Within the scope of the youth project, they will see to the mobilization of the youth players in their territories, as well as the development and implementation of action plans.

Youth centres

The reform of the health and social service network introduced major changes to the organization as well as the practice of the two Youth centres in Montréal. Whenever possible, their new approach promotes offering services for children, youth and families experiencing difficulties in their natural environment by working together with their partners, rather than within institutions. Although they still work with clientele who have been referred, Youth Centre practitioners have been able to develop more alliances with other players involved with this clientele.

Physical and intellectual rehabilitation centres

These network players are trying to improve the integration of specialized services, with the goal of enhancing their effectiveness at the

community level. We must develop protocols which will ensure that these interventions are more complementary.

Hospitals, particularly pediatric and child psychiatry facilities

The collaboration of child psychiatry services is essential to the provision of coherent services to youth with mental health problems. Formal mechanisms with partners in the milieu still need to be drawn up, and there is a need for protocols which will ensure that clients receive continuous services from the various institutions providing them with care.

Alcoholism and drug addiction centres

These centres, working together with their partners, play a vital role in screening and early intervention. Agreements must be concluded in order to link regional mandates to local joint action.

Community organizations

The community environment is not refer a homogenous entity, but is rather a versatile, independent, dynamic and shifting world, which is exacting in expressing its needs.

School boards and schools

The extensive reform of the school environment targets objectives which are the same as those proposed by the youth project. On the local level, the CLSCs have already created links with the school environment and developed framework agreements setting guidelines for health and social services in the schools. The main challenge is to ensure that actions taken in the schools are coordinated effectively to support the development of youth.

The employment environment

We must develop new ways of helping youth find employment. The Carrefours jeunesse emploi and the local employment centres must develop closer links with the school network, CLSCs and other organizations involved with youth. As well as promoting several socio-occupational reintegration programs, our partners in the employment sector hope to develop new collaborative activities which would comply with the orientations of the Montréal Youth Project.

Early childhood centres

Like CLSCs and schools, early childhood centres have reported an increase in social problems (hunger, lack of stimulation) and inappropriate behavior among young children. These centres want to participate in the creation and introduction of preventative measures aimed at avoiding the multiplication and intensification of these problems.

Municipalities

In general, no interactive mechanism has been formally established with the municipalities. However, municipal representatives sit on all the tables de concertation jeunesse. The municipal environment is open to collaborative activities, and is particularly solicited for preven-

tion and screening programs for recreational activities, as well as for assistance in integrating children and youth who are handicapped or who have adjustment problems.

Police services

The introduction of neighborhood police has enabled more direct and continuous links with local organizations. In several neighborhoods, police/community advisory committees have been established to analyze needs and prepare plans of action to prevent, screen, or intervene in areas including taxing, violence, drug addiction, homelessness, etc. In several stations, a policeman has been assigned to deal specifically with youth. Although these are not across-the-board practices, they nonetheless provide significant foundations for linking the police force with the types of activities recommended in this document.

A project which concerns everyone in our society

Contrary to popular slogans, the children and youth of today should not be considered as "assets of tomorrow" or a "force for the future". They are a force in the present. It is now that they will enrich or deplete our society. It is now that we must take care of them. To do so will require a renewed and enhanced commitment from everyone, rather than a passive and futile hope that our youth will be able to work things out one day[3].

There is a strong consensus in our society around our concern for our youth. Citizens, decision-makers, social workers and researchers all assign the highest priority to children and youth.

3 Text inspired by: "Un Québec fou de ses enfants", Rapport du groupe de travail pour les jeunes, Camil Bouchard, Chairman, MSSS,1991

3.

A current portrait

a) The situation of youth in Montréal

From a demographic point of view

Although the Montréal Youth Project is designed to prevent and improve situations in which children and youth are vulnerable, it also recognizes the capacity of most of our young people to adapt and develop. There are many children who live in good environments and whose families can help them achieve their full potential These young people must be provided with an opportunity to show what they can do.

There is a constant evolution in the environment in which Montréal's population, including its young people, lives. This ongoing evolution must be taken into account in the continuing adaptation of the various activities proposed in this document.

It is therefore important to be aware of the current situation, examine the most recent data, and identify trends.

The following is a demographic, socio-economic portrait of young Montréalers, describing their position in terms of various problems affecting health and well-being according to the data available at the end of the 1990's. You will note that this breakdown indicates a number of obstacles to the optimum development of children and youth in Montréal.

THE NUMBER OF YOUTH

Youth (0-24 years) represent close to 29% of the population of Montréal, compared to 33% for the Province. This means that, statistically, the population of the Province is younger than the population of Montréal[4].

Although the number of people in Montréal remained stable from 1991 to 1996, the number of youth under 25 years decreased slightly, from approximately 524,000 to a little less than 520,000.

However, this observation conceals the evolution of certain age groups:

- The number of children under the age of 6 years rose by approximately 9,000. There were close to 128,000 in 1996;
- The number of young adults from 18 to 24 years decreased by around 13,000. There were 170,000 in 1996[5].

4 Institut de la statistique du Québec, recensement 1996

5 "*Le développement optimal des jeunes dans la région de Montréal, État de situation*". Direction de la santé publique, RRSSS Montréal-Centre, Nov., 1996

LANGUAGE SPOKEN AT HOME

The proportion of Montréal youth whose mother tongue is other than French or English rose from 21% to 27% between 1991 and 1996. The principal mother tongues were Italian, Spanish and Arabic.

In some homes where the mother tongue is neither French nor English, one of these languages is nonetheless spoken in the home. Statistics show that in Montréal, 17% of the population use a language other than French or English in the home. The principal languages spoken in these households are Italian, Spanish, Arabic and Chinese[6].

From a socio-economic point of view

The following is a brief reminder of some of the characteristics of the population of Montréal, the effects of which make families more vulnerable.

POVERTY

Poverty, a major determinant for the health and well-being of youth

Poverty can harm children. It makes them more vulnerable to developing both health and psychosocial problems, and these problems can compromise their development. Although we cannot categorically state that poverty is the direct cause of these problems, we do know that children who live in poverty are far more likely to experience them.

On the Island of Montréal, more than one thir of children under the age of 5 lives in a low-income family. This compares to one child in five for the Province as a whole(1991). From 1990 to 1996, the number of poor families with children increased, and the percentage of Montréal families living on social welfare rose from 20% to 27%[7].

In January, 1996, there were 35,032 Montréal children under the age of 6 years (one child in four) and 46,810 aged from 6 to 17 years whose parents were receiving social welfare benefits. A little more than 200 Montréal youth under the age of 18 were, themselves beneficiaries; this accounts for 36% of Québec youth receiving social welfare benefits[8].

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6 Idem

7 "*Les inégalités sociales de la santé : rapport annuel 1998 sur la population*". Direction de la santé publique, Régie régionale de Montréal-Centre, 1998

8 Ministère de la Sécurité du revenu, 1996

We note that children under the age of 18 years living with a single parent, particularly the mother, are proportionally more disadvantaged than others. Too often, being a single parent is associated with poverty. In 1991, 64% of these children lived under the low income threshold[9]. We know that poverty is related to problems and important psychosocial deficits: low education levels, illiteracy, isolation, psychological distress, exclusion, marginalization, drop outs, integration and socialization problems, delinquency, violence, etc. We also know that in spite of the fact that health and social services are free, the use of some of these services, such as vaccinations, is less frequent (or occurs later) among disadvantaged families. This is a factor which can hinder the optimum development of youth.

In 1996, 40% of youth under the age of 25 years who lived in Montréal had an income below the low income threshold[10]. Close to 20% of these youth, from 15 to 24 years, received unemployment benefits[11].

The family living environment is another determinant for the health and well-being of youth

THE FAMILY UNIT

Many families in Montréal are single-parent households. They represent 32% of families with children in Montréal compared to 24% for the Province[12]. Often, these single parents are very disadvantaged young people who are having difficulty independently assuming the financial, household and educational responsibilities of a family. These difficulties generate a great deal of stress.

This same stress is also experienced by couples, and can contribute to the breakdown of relationships. Disorganization of the family has significant consequences for the children.

Montréal is home to a large number of those Québec youth who live alone. In 1991, 39% of youth who lived alone resided in Montréal, while only 28% of these youth from 18 to 24 years of age were Montréalers[13].

9 "Le développement optimal des jeunes dans la région de Montréal, État de situation" Direction de la santé publique, RRSSS Montréal-Centre, Nov. 1996

10 Estimate

11 Statistics Canada, Census 1996, Profile according to census division

12 Statistics Canada, Census 1996, Profile according to census division

13 Statistics Canada, Census 1991, Geocoded table

MULTI-ETHNICITY

70% of immigrants to Québec arrive and settle in Montréal. In 1996, 28% of the population of Montréal was born outside Canada, a quarter of whom arrived between 1991 and 1996[14]. The principal places of birth of these recent immigrants are Haiti, Lebanon, France and the People's Republic of China. Between 1991 and 1995, 19,347 youth between the ages of 12 and 17 years were admitted to Québec; they represent 10% of the immigrants admitted during this period[15].

Emigrating to a new country requires a lengthy integration period which may or may not be difficult, but which is always stressful, especially when discrimination or racism is involved[16].

We know that youth, particularly those who are second generation Canadians, are faced with an additional difficulty: they are often torn between family values and the values of the society in which they are living. We also note considerable problems in their integration into the job market, a situation which is even more acute for immigrant youth from visible minority communities.

14 Statistics Canada, Census 1996, Profile according to census division

15 "*Le développement optimal des jeunes dans la région de Montréal, État de situation*" Direction de la santé publique, RRSSS Montréal-Centre, Nov., 1998

16 "*Le racisme au Québec : éléments d'un diagnostic*", Collections Études et recherche, no 13, Direction des communications, ministère des Affaires internationales de l'immigration et des Communautés culturelles, 1996

From the point of view of health and well-being

It is vital that we take stock of the various problems affecting the health and well-being of children and youth in Montréal.

While most children who present problems of social adjustment have no other major health problems, it is important to note that children and youth suffering from physical or intellectual impairments may also experience social adjustment problems.

PARENTAL NEGLIGENCE TOWARD CHILDREN FROM 0 TO 11 YEARS

Negligence includes any form of serious failure in regard to the obligations related to taking care of a child, such as failing to provide for needs involving education, supervision, housing or safety, the child's medical, physical or emotional needs, as well as physical abandonment[17].

Over the past two years, the youth centres Montréal have noted a 20% increase in the number of reports[18] they receive, and situations involving negligence represent a large portion of these reports[19]. The Centres Jeunesse de Montréal have experienced a 20% increase; Batshaw has experienced an 18% increase.

In 1997-1998, 35% of the reports received involved very young children (0-5 years) and 78% of these involved negligence. Thirty-one percent of the reports retained concerned 6-11 year-olds and negligence was associated with more than 62% of these situations. The reality is probably worse, as it is estimated that this data is actually under-evaluated due to the silence of the children who are victims. As of April 1, 1997, 58% of all the cases for which youth protection measures were being applied concerned negligence.

More often than not, situations of negligence can be traced to affective deprivation experienced by the parents themselves, to living conditions which are often precarious, and to problems experienced by the parents (alcoholism, drug addiction, mental health disorders, etc.). The difficult conditions in which these children live often seriously affect their development and lead, among other consequences, to adjustment difficulties: learning problems, behavior disorders, etc.

17 Prevention of child abuse and neglect. In *"Canada health action: Building on the legacy - Determinant of health", vol. 1 - Children and youth* (pp103-131). Wolfe, D.A., Ste-Foy, Québec: Éditions Multimondes Inc., 1998.

18 Statistical tables from the two youth centres in Montréal, 19976-1997 and 1997-1998.

19 Prevention of child abuse and neglect. In *"Canada health action: Building on the legacy - Determinant of health", vol. 1 - Children and youth* (pp103-131). Wolfe, D.a., Ste-Foy, Québec: Éditions Multimondes Inc., 1998.

VIOLENCE EXPERIENCED BY CHILDREN AND YOUTH

This violence is often related to family violence and children are inevitably the victims.

Seventeen percent of the reports retained by Youth Protection are related to physical abuse and 6% to sexual abuse[20]. Once again, we know that this data is underestimated and does not reflect the true situation since there is a tendency to hide these problems and children are reluctant to report abuse.

Documentation indicates that this violence has serious consequences on those children who are its victims or witnesses. Witnessing or experiencing violence can lead to behavior problems, the use of alcohol or drugs, repetition of the violent models learned, etc.

VIOLENCE AMONG ADOLESCENTS

"Externalized" violence among youth (aggressiveness, violence and behavior problems) reaches a peak among the 12 to 17 year-olds. It is often the product of tensions between cultural groups, a problem which is particularly prevalent in and around the schools. The school is a nerve-centre, and is particularly susceptible to the phenomenon of gangs and taxing. These elements no doubt contribute to the fact that a climate of fear and insecurity is often created in the schools and neighborhoods most affected.

This violence is very specific to the character of Montréal. In 1994, there were 1,302 crimes against persons (per 100,000 inhabitants) in Montréal compared to 533 for the rest of the Province[21]. During the same year, the *Young Offenders Act*[22] was applied in regard to 4,711 youth. Violent teens are often in conflict with or alienated from their families. The parents often feel powerless and overwhelmed. Sometimes they are entirely unaware of their child's situation; in other instances, they may even be victims of their children's violence.

In 1997-1998, 7,000 young Montréalers aged between 12 and 17 years received services from the two Youth centres in Montréal for problems involving what is referred to as "externalization"; nearly tree quarters of services received were in the context of the Young Offenders Act and one quarter under Section 38-h of the Youth Protection Act[23].

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20 Statistical tables from the two youth centres in Montréal, 1996-1997 and 1997-1998

21 *"Sécurité urbaine: Enjeux et réalité sur le territoire de la Communauté urbaine de Montréal"*, MUC, 1998

22 Statistical tables from the two youth centres in Montréal, 1996-1997 and 1997-1998

23 Idem

It may not strike you that it always hurts

Violence in dating relationships between youth often begins during their very first experiences as young adolescents.

Canadian surveys[24] estimate that 20% of young women in secondary schools are victims of violence in their relationships and that 60% of the students report having been exposed to this violence, either as a witness, or by having a victim or an abuser tell them about it.

Considering the harmful consequences of this violence on the youths' development (loss of self-esteem, suicide, depression, drug addiction, school problems, etc.), it is important to tackle this problem immediately.

EXCLUSION AND MARGINALIZATION

The social environment, another important determinant for the health and well-being of children and youth

Isolation is characterized by a progressive dynamic of exclusion on all fronts in such a way that the person is affected very deeply, with a serious loss of self-esteem[25].

Problems which lead a young person to social isolation occur in many different forms: it can be caused by falling behind academically, dropping out of school, chronic unemployment, abusive consumption of alcohol and drugs, mental health problems and even teenage pregnancy.

These youth are at risk of developing mental health problems which may even include suicide attempts. They run a high risk of drug and alcohol dependency and are in danger of entering the cycle of homelessness and the problems it engenders (prostitution, AIDS, etc.).

Youth aged 16-17 years who are experiencing difficulties fall into a particular gray zone in terms of services; since they are not obliged to attend school, some drop out. Since they have less access to jobs and social assistance, the risk of exclusion increases.

It is estimated that 39% of the clientele of Montréal shelters and almost 31% of the clientele of soup kitchens and day centres is under 30 years of age (1996-1997)[26]. Staff report that the number of 14 to 18 year-olds they receive is on the rise.

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24 *"Not a pretty picture: An exploratory study of violence against women in high school relationship"*, Lilch Mercer, S., Ressources for feminist research - 17, 15-23, 1998

25 *"Familles en détresse sociale, repères d'action"*. Tome 1: Du social au communautaire, Jean Bédard, Éditions Anne Sigier, 1998.

26 Survey of the clientele of shelters for the homeless, day centers and soup kitchens in Montréal and Québec City, 199-1997

A recent study showed that, in fact, the consumption of drugs and alcohol is part of this lifestyle: 99% of homeless youth use alcohol; 9% every day, 47% every week. Two-thirds consume more than four types of drugs during their lifetime. The average age of the first consumption is 14 years (varying from 8 to 25 years). More than one third (36%) inject drugs during their lifetime and 58% borrow used syringes. The rate of HIV infection in this group is ten times greater than for the population of Québec (1.85 compared to 0.18). Delinquent behavior is common practice: most have already been arrested by the police, two-thirds have already committed one or more thefts, more than half have already committed break and entries or acts of vandalism and one-third have already been part of a criminal group (gang)[27].

The variety of problems at play is a factor in the mortality rate for street youth, which is estimated at being thirteen times higher than the rate for other youth of their age in Québec. These deaths include death by hanging, drug overdoses, fulminant hepatitis A, falls from a balcony (when drunk or under the influence of drugs) and car accidents[28].

Academic delay and school drop-outs

Between 1989 and 1994, the annual percentage of repeaters in elementary school in Montréal was higher than the figure for the Province as a whole. The rate of success in secondary school in the public network was lower than the Provincial rate[29]. Between 1984 and 1993, behavior problems in primary school more than doubled, rising from 4,170 students to 10,272[30].

In 1991, 17% of youth between the ages of 20 to 24 years had neither a secondary school diploma nor a trade certificate[31].

A study performed over a five year period, from 1992-1996 estimated that the rate of early drop-outs was 20%, or one student in five, for all the school boards on the Island of Montréal; this represents 1.5% more than the figures for the Province of Québec[32].

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27 *"Les jeunes de la rue de Montréal et l'infection au VIH"*, Élise Roy et al. 1996

28 *"Le défi de l'accès pour les jeunes de la rue"*. Notice issued by the Director of Public Health on street youth mortality in Montréal. Dec., 1998

29 *"Pour un développement intégré des services éducatifs à la petite enfance"*. Conseil supérieur de l'Éducation

30 M. Ouellet, MEQ, 1994

31 Statistics Canada, 1991

32 *"Étude sur l'abandon scolaire 1992-1996"*. Faculté d'éducation de l'Université de Montréal and Fondation du Conseil scolaire de l'île de Montréal, 1998

We note that poor children do worse in school than others: twice as many poor adolescents, 16 and 17 years of age, drop out before completing secondary school[33]. More than half the drop-outs come from disadvantaged families[34]. In 1994, twice as many children in schools in poor neighborhoods were academically behind than in more advantaged neighborhoods: 34% were behind by the last year in elementary school (compared to 18%) and 65% by the first year of secondary school (compared to 35%)[35]. Low education levels and the lack of a diploma place youth in a very precarious position.

Interventions with these young people should be adapted to the fact that there is an over-representation of males among the students at risk.

Homelessness among youth is very rarely an isolated problem; it is accompanied by family violence, alcohol and drug consumption and prostitution.

Mental health problems

Children and youth who have mental health problems experience what are referred to as "externalized problems or disorders", that is inappropriate behavior, aggression, violence, behavior disorders, etc., or "internalized problems or disorders" which take the form of internal suffering and are therefore more difficult to observe, such as stress, depression, suicide, phobias, etc.

Fifteen percent of the children in Québec between the ages of 6-11 years, have at least one emotional problem. This figure rises to 18% for 12-14 year-olds. Thirty-seven percent of youth between the ages of 15 and 19 years have problems which place them in the "high" category on the psychological distress indicator. This proportion has increased considerably between 1987 and 1992, rising from 27% to 37% in five years[36].

More specifically, between 1990 and 1996 an average of 5 deaths by suicide per year were reported among young Montréalers aged between 12 and 17 years[37]. During the same period, there was an average of 29 deaths by suicide per year among the 18 to 24 year-olds[37]. Mortality by suicide in the 14 to 25 year-old category is higher for boys than for girls.

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33 "*La pauvreté des enfants: quelles en sont les conséquences?*", Ottawa, Canadian Council on Social Development, 1996.

34 "*L'abandon scolaire des jeunes décrocheurs au secondaire*", Université de Montréal 1993.

35 "*Les inégalités sociales de la santé: rapport annuel 1998 sur la population*", Direction de la santé publique 1998.

36 Social and Health Survey 1992-1993, Santé-Québec.

37 "Profil statistique du suicide dans la région de Montréal-Centre", Direction de la santé publique, Nov. 1998.

Between 1995 and 1997, an average of 90 youths between the ages of 12 and 17 years were hospitalized each year for suicide attempts, while the average was 58 per year for 18-24 year-olds. From 1981-1983 to 1993-1996, the rate of hospitalizations increased by 61% among young Montréal women aged between 15 and 24 years, rising from 45.1% to 72.8%[38].

We should also add that the youth clientele concerned by mental health services includes those whose parent(s) have mental health problems. These children experience problems of "victimization"; very often the behavior of their parent(s) threatens their development. However, we do not know the incidence of mental health problems among these children.

Alcohol and drug consumption

Of those youth aged 15 to 24 who drink alcohol, an alarming percentage get drunk or drink heavily[39].

According to a study published in 1994 , 67% of secondary school youth replied that they had had a drink during the past week. They reported an average of 2.6 drinks per week in secondary I and 4.2 in secondary V[40].

Drug use appears to be a phenomenon which particularly affects youth: one young person in four (27%) among the 15 to 24 year-olds consumed drugs during the year preceding the survey[41],while 24% of students in secondary school had already consumed marijuana or hashish[42].

Drug use among street youth is considerably higher than among the general population of the same age[43]. Injecting heroin and cocaine is increasing in popularity. More youth use these substances, and the trend is toward a younger clientele[44].

38 *"Profil statistique du suicide dans la région de Montréal-Centre: quelques éléments de la situation*, Direction de la santé publique.

39 Quoted from: *"Portrait de santé des Montréalais"* Direction de la santé publique, S. Chevalier and M. Tremblay, 1995.

40 Study on living habits, Commission des écoles catholiques de Montréal, 1994.

41 Op. cit. Santé-Québec.

42 Op. cit. CECM

43 *'La toxicomanie à Montréal-Centre"*, Régie régionale de Montréal-Centre, Nov., 1998.

44 Idem.

Teenage pregnancy

In 1992-1993, the rate of pregnancy among teenagers in Montréal was 28 per 1,000 (14-17 years of age). This represents 2,168 pregnancies, of which 70% were voluntarily aborted, 25% were carried to term and 5% ended in a miscarriage[46].

In addition, for the years 1993, 1994 and 1995, 30% of all pregnancies in Québec among women under the age of 18 occurred in Montreal, and the same proportion applied to the 18-19 year-olds[46].

Adolescents from poor families are more likely to become pregnant than those from higher income families. A health survey performed in Ontario in 1990 revealed that 18% of girls aged between 16 and 19 years from low-income families had been pregnant within five years preceding the study, compared to 4% of teenagers from higher income families[47].

Life style, another determinant for the health and well-being of youth

In closing, we should point out that although we have mainly focused on social adjustment problems, we cannot ignore the influence of certain life styles on the optimum development of children and youth and even on the relation between the youth's life style and the development of certain social adjustment problems.

For example, the use of tobacco not only represents a risk to physical health, but is also associated with the consumption of drugs and alcohol: 95% of youth who do not consume alcohol or drugs are non-smokers, while 70% of youth who consume drugs or alcohol are smokers[48].

It has also been recognized that physical activity programs designed for youth can help reduce negative social behavior by enabling the acquisition of social and affective skills which contribute to increasing the youth's self-confidence and self-esteem.

Certain nutritional deficits are also associated with difficulties in school, including agitation, lack of concentration and effort, and fatigue during class. Inferior quality food and the lack of breakfast are associated with low academic performance and a predisposition to health problems.

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45 MSSS (d), 1996. See also "*Le développement optimal des jeunes dans la région de Montréal-Centre, État de situation,*" parts 1 and 2, Régie régionale de Montréal-Centre, Nov., 1996.

46 "*Taux de grossesse à l'adolescence, Québec, 1980-1995, Régions sociosanitaires de résidence*", MSSS, Sept., 1997.

47 "*Pauvreté des enfants: quelles en sont les conséquences*", Ross D.P., Scott K., Kelly M., Ottawa Canadian Council on Social Development, 1996.

48 "*Enquête ados, familles et milieux de vie: la parole aux ados*", Centre de recherche sur les services communautaires, Cloutier R. et al., Université Laval, 1991.

Economic and social choices have important repercussions on the living conditions, health and well-being of children and youth.

The portrait described here is, for the most part, based on factual data. However, certain background information is required to clarify the situation.

It should be noted that the social, political and economic situation over the past few years has influenced the quality of the environment for children, youth and families in Montréal. The erosion of social policies regulating income security, working standards, the unemployed and housing, as well as certain choices made more directly on the economic level, has had the effect of augmenting the distance between the "haves" and the "have-nots" in our society.

The increasing poverty of a significant number of families in Montréal is the result of these economic, political and social choices, representing the values of a society which promotes immediate access to profits, consumption and the pursuit of excellence at all costs. While these values and choices encourage competition, the circle of poverty which results is characterized by isolation and exclusion, and results in the lack of opportunity to participate in social life. This situation represents a serious obstacle to the health and well-being of families and children.

3.

A current portrait

b) Health and social services for youth in Montréal

Achievements

This section contains a portrait of the development of health and social services for youth in Montréal. A great deal has been achieved with many positive results, but there is always room to improve services so that they respond more accurately to the needs of these youth.

The achievements are varied and it would be somewhat laborious to provide an exhaustive inventory. However, it should be noted that the publication of a number of reports over the past few years has also been accompanied by certain shifts in services for youth and children. In fact, a great deal of effort has gone into improving the network's capacity to increase and improve the assistance provided to children and youth, as well as their families.

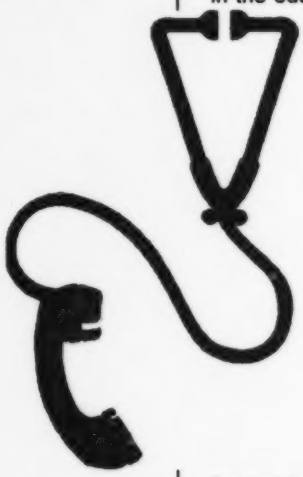
These efforts include organizational and structural modifications to several institutions, a number of activities and projects initiated in the field, and changes in practices and developments in social research; all of these are steps in the right direction. These changes are the foundations upon which we must now build, in order to consolidate, adjust, and better coordinate services.

The following achievements should be noted:

ACCESSIBILITY AND CONTINUITY OF SERVICES

CLSC services have extended their hours, from 8 a.m. to 8 p.m., while the introduction of the Info-Santé CLSC service, 24 hours per day, 7 days per week, allows the population to speak to a nurse at any time to receive an immediate answer to a question or problem or to obtain a referral to the appropriate location.

Improved access to services



Measures which have improved the response to the needs of young people include the development of the network of early childhood centres and the increase in the number of places in day-care centres and in the education network of preschool facilities, through the introduction of full-time kindergarten programs for children who are 5 years old.

New integrated mechanisms have been implemented in the youth centres, and access plans for youth from cultural communities have been developed.

The introduction of a range of universal services for 0-5 year-olds and 6-11 year-olds in the CLSCs and the implementation of a post-natal referral system between the birthing hospitals and the CLSCs has improved the integration and continuity of services

A framework health and social service program for schools has been developed. Its objective is to contribute to the integral and optimum development of youth in the schools by specifying the CLSCs' objectives, target clienteles and pertinent activities.

The reorganization and merger of rehabilitation centres for youth and mothers experiencing adjustment difficulties and the youth and child protection centres (centres de protection de l'enfance et de la jeunesse / CPEJ) has improved the continuity of services.

Reorganization of services in the youth centres has provided greater coherence and facilitated the creation and maintenance of links with other services.

Access to services for youth and parents in the youth programme of the Centre-Dollard Cormier (drug addiction) has been extended and residential places reorganized for youth with a view to stabilizing and returning them to their natural living environments.

In addition, increased financial support has been provided to community organizations.

An approach which promotes interventions in the community

NEW PRACTICES AND INTERVENTION METHODS

On the regional level, budgets have been allocated (public health priorities) to support prevention of adjustment problems and marginalization. These investments are designed to improve the health and the well-being of very young children and youth as well as to facilitate their optimum development.

Many activities have also been introduced over the past few years in two youth centres in Montréal, all of which indicate an intensification of the "environment approach": In the Centres jeunesse de Montréal the transformation of residential resources was secured by reducing by 300 the number of residential beds in Montréal; other beds were restructured to strengthen the link with the environment of the children and youth. Moreover, a review of the programming for closed environments was carried out, guides were developed concerning adoption of the "environment approach", some one hundred practitioners in 25 service branches throughout the Centres jeunesse territories were redeployed , a rapid and intensive intervention program to respond to emergencies and crisis situations was introduced, family-type resources were consolidated, work to prepare for the implementation of an assessment grid concerning the need for placement was carried out, and resources were added to the Youth Protection Department to assess reports.

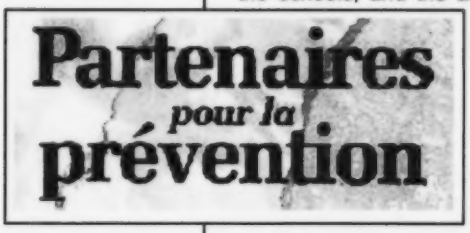
In the Batshaw Youth and Family Centres, 39 residential places have been closed, out-patient services increased, family-type resources developed and access to services extended to 24 hours / 7 days, further examples of the shift toward the "environment approach".

Development of a partnership

JOINT ACTION

Certain partners have also intensified their collaboration; this is especially true for community organizations, schools, early childhood centres and others.

Since 1995, the development and funding of prevention and promotion projects involving a variety of sectors has led to the improvement of coordination between the sectors involved.



The involvement of the police department in prevention of violence in the schools, and the allocation of additional budgets as part of the Programme d'aide à l'action concertée (Joint Action Support Program) for social adjustment clientele are two programs which illustrate this trend.

Another valuable tool is the expertise concerning ethno-cultural communities which has been developed by non-governmental organizations in Montréal.

The introduction of a regional framework program for school health and social services and, at the regional level, agreements drawn up between the Ministère de la Santé et des Services sociaux and the Ministère de l'Éducation (MSSS/MEQ) will help to make this coordinated approach a reality.

GENERAL POLICIES, OBJECTIVES AND SOCIAL MEASURES

Recognition of expertise

In 1995, the Régie régionale adopted two regional priorities - early childhood and youth - in its plan to transform the system for 1995-1998 "Achieving a new balance" and, in 1998, the Montréal Youth Project was included in the Régie régionale's plan to improve health services and social services for 1998-2002, *"Accent on Access"*.

Recognition of the Centres jeunesse de Montréal as a university institute (violence), the designation of the CLSC Côte-des-Neiges as a university affiliated centre (access to services for cultural communities) as well as the implementation of joint projects undertaken by the Université de Montréal, the Université du Québec à Montréal and the Institut de recherche pour le développement social des jeunes (interventions in the field of violence, service evaluation projects) reflect a concrete partnership with the research environment.

The emphasis placed on youth in the plan drawn up by the Conseil régional de développement de l'Île de Montréal denotes a firm desire to get involved in improving the lot of Montréal's youth.

Problems and limitations

The network of social services for children, youth and parents, as well as the other networks involved with youth, have the competent resources and expertise they need to ensure good results; nevertheless there are still certain insufficiencies and limitations in the actions which have been taken. The following section contains our observations in this regard.

A vision which sometimes overlooks the development of the child as a whole

THE VISION

The perception of the needs of youth and intervention strategies required are rarely shared. Approaches are fragmented in regard to the individual as well as in terms of the interventions and services. Each entity seems to work on one or more problems confronting young people without taking their overall development into account. The exclusion of youth is apparent. Nevertheless, it is clear that we must recognize the strengths and capacities of our youth and allow opportunities for their social participation.

A lack of clarity in the roles of certain partners

ROLES AND MANDATES OF THE VARIOUS PARTNERS

There is some confusion about the roles and mandates of institutions in the network: CLSC's, Youth centres, Direction de la protection de la jeunesse, rehabilitation centres, hospitals.

For example, in social adjustment, the Department of youth protection is too often used as the gate of entry to obtain services. There are both duplications and gray zones in the way in the Youth centres and the CLSCs carry out their mandates. There is a deplorable lack of continuity and follow-up. We also note difficulties related to transferring clientele and the collaboration expected between certain categories of institutions, particularly in services involving social adjustment, intellectual impairment and mental health.

There is a lack of knowledge about the partners and their activities, a lack of information on existing resources and little knowledge and insufficient recognition of community organization.

A lack of access to certain services

ACCESSIBILITY, AVAILABILITY AND CONTINUITY OF SERVICES

In spite of a general improvement in the accessibility of services, we still need to increase certain services:

- prevention;
- for families, particularly for those experiencing serious difficulties;
- for single-parent families;
- for people with an intellectual impairment;
- for 18-25 year-olds, particularly those who are left on their own (semi-homeless), young parents, youth struggling with unrecognized mental health problems;
- for abusive consumers of drugs and alcohol;
- reception for youth (18-25 years) who are not functioning;
- for basic needs related to income and housing.

Other problems involve the overcrowding of services, reaction times that are too long in crisis situations, the lack of linkage between employability services for youth in difficulty, the lack of continuity and the divisions between age groups, a lack of bridges for 18 year-olds to connect them with adult services, linkage problems between the network organizations and their partners and a lack of resources for early intervention before problems arise.

In child psychiatry, access to services at the local level is very difficult and is even worse at the regional level. There is also a lack of access to services for ethno-cultural communities and English-speaking people.

JOINT ACTION

A lack of support for joint action

Support mechanisms for joint action are insufficient, the administrative framework is too rigid and there is a lack of leadership and coordination at the regional level.

Certain problems are related to territorial divisions. In fact, the multiplicity of administrative borders for different partners compounds the difficulties involved in organizing collaborative activities. At times it is not even clear who is accountable for the actions taken.

The importance of continuous services

We are aware that these shortcomings sometimes create a "ping pong effect on the children who are shifted from one resource to another because they do not correspond to a specific mission; children who do not receive services; children who fall between the cracks because there is a lack of communication between the practitioners in the various institutions and because the referral process is inadequate; children and youth who receive interventions which contradict and counteract one-another; children and youth whose situation deteriorates because they have not received the appropriate services at the right time"[49].

49 *"Pour une stratégie de soutien du développement des enfants et des jeunes. Agissons en complices"*, MSSS, 1998 (Translated excerpt)

4.

Orientations

To improve the health and well-being of children and youth...

Eight guidelines:

1.
To improve living conditions, health and well-being

2.
A local basis: CLSC territories

3.
Accessibility and continuity in all the service continuums

The public hearings and youth forum held in March, 1998, demonstrated that all the partners involved with youth were firmly committed to action via a project designed to improve services and living conditions for youth. We believe that it is only by focusing on the following elements that we can be fully effective:

- the needs of youth and living environments,
- the problems to be resolved,
- the respect of the individual's skills and contributions.

This commitment will be possible only if the players involved with youth can disengage from their specific structures and mandates and concentrate together on the essentials. Such a process is only possible if the partners trust each other, show mutual respect, share certain objectives and believe in joint action[50].

The Montréal Youth Project's orientations are outlined below. Eight guidelines, two preferential approaches and three priority objectives transmit these orientations. On one hand, they take into account the importance of an overall approach toward the health and well-being of children and youth. On the other hand, they recognize the importance of acting on the various levels of the promotion - prevention - rehabilitation continuum.

An evaluation process for the youth project and a number of specific objectives will also be presented in this section and we will close with a description of the special role to be played by the Régie régionale de Montréal-Centre in the Montréal Youth Project.

Eight guidelines will be observed in implementing the Montréal Youth Project:

1. Actions proposed by the Montréal Youth Project shall be linked to those of other partners whose interventions are designed to have an influence on the socio-economic determinants of health and well-being. These activities will more specifically be aimed at improving living conditions for children, youth and their families.
2. Services shall be organized on a local basis according to CLSC territories. In applying this local basis, preference shall be given to collaborative agreements with sectoral and multi-sectoral partners, with consideration for existing participatory levels. However, for reasons of expertise and efficiency, certain services shall be organized on a sub-regional or regional basis.
3. The organization of services shall include the concept of accessibility in all its forms, particularly in regard to language and culture, as well as the continuity of services for youth in all the service continuums (physical health, mental health, social adjustment, physical impairment, intellectual impairment).

50 Idem

4.
Increase promotion and prevention interventions

4. Emphasis shall be placed on promotion and prevention interventions as well as on all interventions performed before problems arise.

5.
Reinforce first line services

5. The organization of services shall be designed to reinforce first line services, as well as to develop and ensure the availability of a specialized intervention force to support first line interventions.

6.
Respect missions

6. Regional coordination shall respect missions assigned by the Act respecting health services and social services, the Youth Protection Act and the Young Offenders Act and other pertinent laws, as well as the cultures and operating methods of the various partners.

7.
Encourage innovative forms of partnership

7. The organization of services shall encourage innovative forms of partnership, activities which bring the practitioners closer together and the decentralization of activities and staff on a local basis.

8.
Program evaluation

8. The project shall be supported by management information sys tems and submitted to program evaluations.

Two preferential approaches

THE ECOLOGICAL APPROACH

The ecological approach is an approach which recognizes children and youth as dynamic elements in constant relation with their environment.

This approach simultaneously considers different levels of intervention:

1. *The children and youth themselves;*
2. *The parents, the family;*
3. *The community;*
4. *Society.*

1.
The ecological approach...

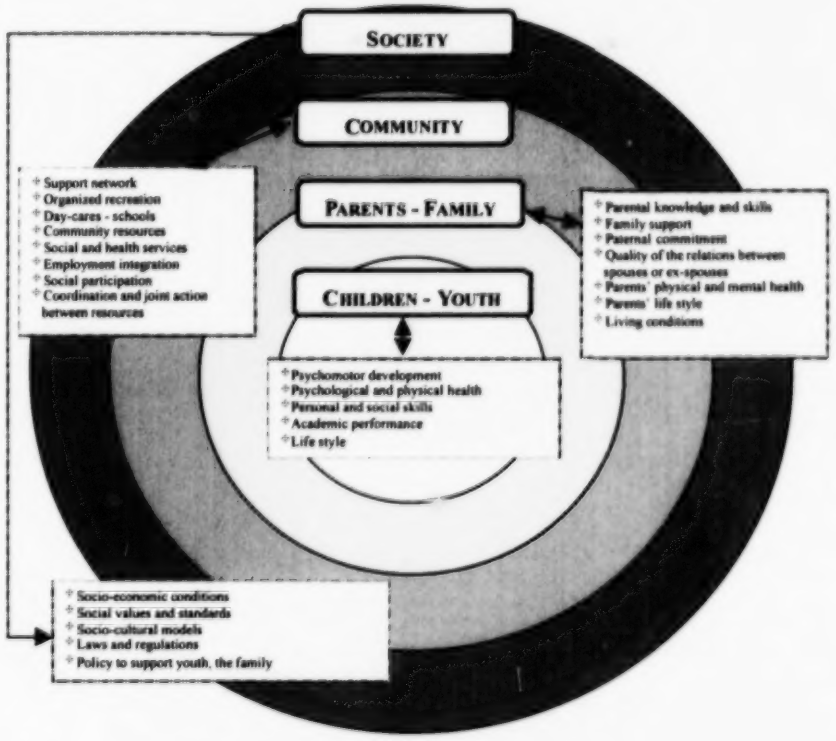
There are many different health determinants and factors associated with preventing social adjustment problems, so an overall approach involving all the different partners whose activities can affect these factors is crucial.

act on the environment and living conditions, not only on people

Although this ecological model does not assign levels of importance to these determinant factors, documentation and various reports used to develop the Montréal Youth Project (Bouchard Report, Cliche Report, etc.), insist on the fact that poverty and social isolation have a major impact on health and well-being of youth and families and that we must take them into account in choosing our intervention strategies.

The following diagram illustrates the ecological approach:

AN ECOLOGICAL VISION OF THE HEALTH AND WELL-BEINGOF CHILDREN AND YOUTH AND THE PREVENTION OF SOCIAL ADJUSTMENT PROBLEMS



Based on : Bronfenbrenner, V. (1979). The Ecology of Human Development, Harvard University Press.

2.
A continuum of interventions...

act before problems arise as well as when organizing services

PROMOTION - PREVENTION - REHABILITATION CONTINUUM

According to this approach, children, youth and their parents are the focal point of the interventions. A range of interventions must be accessible at different points in the continuum: promotion of health and well-being, prevention of social adjustment problems, treatment, rehabilitation and reintegration of children and youth in difficulty.

At each point in the continuum, interventions are designed for a specific clientele; the more specialized the intervention, the smaller the clientele. Thus, interventions concerning the promotion of health and well-being are designed for all youth and families, while interventions concerning the prevention of social adjustment problems specifically target children, youth and families whose situation makes them vulnerable, or involves recognized risk factors such as poverty, single-parent families, parents with mental health problems, physical or intellectual disabilities, conjugal or family violence, etc. Lastly, interventions involving treatment, rehabilitation and social reintegration are designed for a smaller sub-group, that is children, youth and families in difficulty.

The model also takes the intensity of needs into account: with children and youth in difficulty considered as in greater need.

Interventions to be promoted for the three clienteles:

- all children, youth and families,

- children, youth and families whose situation makes them vulnerable,

- children, youth and families experiencing difficulties.

are related to the principal determinants or factors presented in the ecological approach. These interventions, actions are grouped together under more specific objectives indicated in italics in the following section (Objectives).

Objectives

1.

For all children, youth and their families:

promotion and prevention activities

This section covers the type of activities involved and how the services should be organized. However, these objectives are significant in that they always place the children, youth and their parents at the centre of the intervention and are adapted to specific situations experienced by youth (language, culture, cultural community, marginality, etc.).

Objective 1:
Increase promotion and prevention activities for all children and youth as well as for their families and improve the coordination between these activities.

Target population:
These activities are designed for all children, youth and their families.

- *Increase the population's awareness of the services and activities available to children, youth and their parents.*

  To this end, we must:
  . Disseminate information to the general population and to the partners involved concerning the resources and services available in the community;

- *Increase the number of children, youth and parents reached by activities designed to support the development of children and youth.*

- *Increase the number of prevention and promotion interventions among children, youth and their parents.*

  To this end, it is important to increase, develop, consolidate and support:
  . Interventions designed to improve the parents' knowledge about the development of children and youth and the type of situation in which they should seek a consultation;
  . Educational services designed to develop the parents' potential, particularly in regard to their role as educator and support for the optimum development of their child;
  . Services providing support to families, particularly in terms of respite care, basic material needs, food security and self-help groups;
  . Activities designed to support fathers in their parental involvement starting from the first months of life of their child and continuing throughout the school years;
  . Activities designed to develop the youth's self-esteem and personal and social skills;
  . Perinatology services (prenatal meetings, postnatal home visits following an early discharge) and basic health services for children and youth;
  . Services to ensure health and well-being, concerning prevention of teenage pregnancy, prevention and screening of STDs, problems involving mental health, violence and over-consumption, for all youth and young adults in the schools;

. Interventions designed to ensure a healthy, stimulating and safe living environment;
. Activities encouraging the social participation of youth, such as sports and recreational activities;
. Activities designed to create a place for youth and to recognize their positive actions;
. Activities to disseminate information to the population and decision-makers on behalf of the development of children and youth.

- *Improve the coordination between the various prevention and promotion activities designed for children, youth and their parents.*

. Develop collaborative activities designed to improve living conditions in conformity with the strategic plan established by the Conseil régional de développement de l'île de Montréal;

. Develop integrated, intersectoral planning of activities designed to improve the state of health and well-being of children and youth in the schools: basic and adapted CLSC services, personal and social skill program, social and academic training for youth who are experiencing difficulties or whose situation makes them vulnerable, specialized services, food security, development of a social and physical environment favorable to well-being.

2.

For children and youth whose situation is precarious:

Intervene early and support the parents in their role

Objective 2:
Intervene early with children and youth whose situation makes them vulnerable and support the parents in their role.

Target population:
For children, youth and their families whose situation poses risks for their development, due to poverty, single-parent families, the parent's mental health problems, physical or intellectual disabilities, conjugal or family abuse, immigration of families, etc.

- *Make preventive, adapted interventions accessible.*

  To this end, it is important to increase, develop, consolidate and support:
  Integrated perinatology prevention programs similar to the *"Naître égaux - Grandir en santé"* type;
  . Early stimulation programs;
  . Interventions to provide social and academic training for youth who show signs of dropping out or who have academic difficulties or social problems;
  . Educational programs adapted for youth who have special needs.

- *Increase the number of children and youth who receive early screening and interventions, particularly in regard to situations involving violence, abuse, negligence, mental health problems, including psychological distress and over-consumption of alcohol and other substances.*

To this end, it is important to increase, develop, consolidate and support:

. Early screening and intervention: identify the children, youth and families whose situation makes them vulnerable or who are experiencing difficulties and accompany them to the appropriate services[51];
. Access to the expertise and support of the staff in CLSCs and Youth centres in the schools and early childhood centres, immediately a problem is manifested;
. Access to child psychiatry counseling services for youth practitioners (CLSC, youth centres, general practitioners, social workers in the schools, etc.).

- *Improve the coordination between activities involving early screening and intervention and accompaniment to resources for families and youth in difficulty.*

To this end, it is important:

. To establish intervention protocols and coordination mechanisms concerning screening and support between the day care centres, schools, community organizations, CLSCs, youth centres, pediatric network, rehabilitation network and specialized resources:
  . for victims of violence and negligence,
  . for children whose parents have mental health problem (particularly by providing adult psychiatry services),
  . for children whose parents have special problems (drug addiction, conjugal violence, etc.);
. To intensify the collaboration between the CLSCs and the CJs in developing early interventions;
. To assign responsibility to local teams for coordinating preventive and curative interventions;
. To implement intervention and post-intervention protocols in the schools, youth centres, organizations working with street youth and drug addicts and telephone help lines in order to improve interventions concerning suicide, threats of suicide or suicidal thoughts.

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51 Opportunities for the identification of vulnerability:
. During medical visits for pregnancy or pediatric chech-ups and any other medical consultation;
. During a stay in hospital involving a birth;
. During postnatal home visits;
. During vaccination clinics;
. In day care centres and schools;
. As part of the activities of ethnocultural organisations.

3.

For children, youth and their families who have special needs:

ensure they receive the services they need

Objective 3:
Ensure that children and youth in difficulty and their parents receive the services they need.

Target population:
For children, youth and their families who have special needs or who are in a crisis situation as well as for families who are unable to provide adequate care and ensure the normal development and protection of their children.

- *To ensure easy and rapid access to the right service.*

  To this end, it is important:
  · On a local basis, to implement and ensure that the population is aware of the access mechanisms for specialized services;
  · To promote personalized and adapted reception and accompaniment.

- *To promote the continuity of services by ensuring that they are sufficient and adapted to needs.*

  To this end, it is important:
  · To create multidisciplinary teams of practitioners available to respond quickly and to provide intensive interventions in living environments as soon as a problem is manifested, or during crisis situations (0-17 years);
  · To ensure access to child psychiatry services for children and youth in each CLSC territory;
  · To improve access to services for youth who are drug addicts and alcoholics;
  · Together with the organizations concerned, to introduce services which are better adapted to street youth in the downtown area;
  · To ensure the presence of schools and adapted educational path programs for marginal youth;
  · To increase job market integration and reintegration services and to improve the coordination between them;
  · To increase access to subsidized social housing with community support.

- *Develop agreements between the partners in order to improve the coordination of services on a local and regional basis*

  To this end, it is important:
  · To increase the coherence and continuity of the local teams' interventions by using intervention plans and individualized service plans as the preferred tools;
  · To improve coordination of social emergency intervention systems on a 24/7 basis between the services of the CLSCs, Youth Protection, crisis centres and listening lines;
  · To improve the follow-up and continuity of services provided to youth who have made a suicide attempt and to their relatives;
  · Throughout the Montréal region, under the responsibility of the Régie régionale, to introduce agreement protocols between the CLSCs and the youth centres;

- To introduce agreement protocols between the institutions, the organizations in the health and social service network, particularly in mental health, child psychiatry, perinatology, drug addiction, and the other partners, including the schools;
- Prepare and implement framework agreements between the youth centres and child psychiatry services;
- On a local basis, establish joint childhood-youth-family intervention teams in order to encourage complementarity between services (CLSCs, youth centres, early childhood centres, schools, etc.).

- *Improve clinical training and supervision for the staff of the CLSCs and the youth centres.*

Evaluation of the Montréal Youth Project

RESULTS ANTICIPATED ON THREE LEVELS

The Montréal Youth Project will be evaluated over the next three years. The principal players on both the local as well as the regional levels will each be called on, at one time or another, to participate in this evaluation. To initiate this process, we must start by identifying the various levels of results to be evaluated.

Implementation approach

Since the primary goal of the Montréal Youth Project is to establish a wide local partnership process in each of the 29 CLSC territories on the Island of Montréal, we must begin by verifying the manner in which this process has been introduced. To do so, we will be using, among others, situation reports and plans of action submitted by each territory. This analysis will reveal whether the actions proposed actually respect the main orientations of the project. It will also allow an assessment of the work proposed by each territory and, particularly, the extent of the mobilization and collaboration, as well as the manner in which the various activities will be coordinated. This type of evaluation will be carried out during the year 2000.

Production of services and activities

Once the process has been properly implemented, the evaluation will concentrate on verifying the extent to which it has affected the production of services and activities. This will involve assessing changes in the quantity as well as the quality of the services and activities offered locally and regionally. In concrete terms, this means that the evaluation will document improvements in:

- The accessibility of services and activities (examination of the use of youth services in CLSCs, waiting lists in youth centres, the population reached by the perinatology programs, health promotion activities developed or consolidated, etc.);
- The coordination of services and activities (modification in the organization of inter-institution client follow-ups, preparation and application of agreements between certain partners (ex.: CLSC/youth centres), level of complementarity in the activities proposed in the plans of action, etc.;

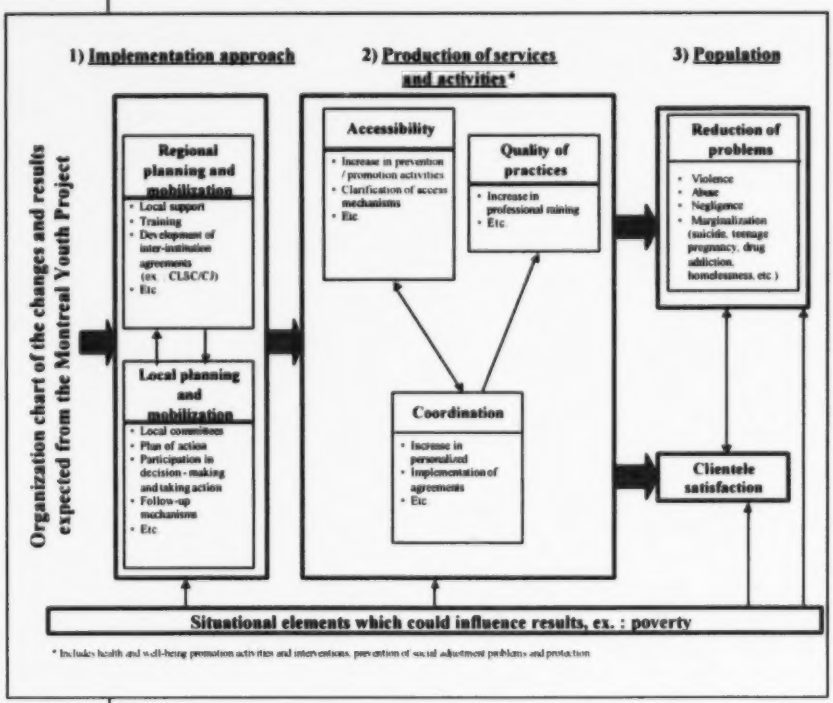
Impact on the population

➲ the quality of professional practices (emphasis on clinical training for practitioners)

Only when these intermediate results have been achieved will the system have been truly changed. At this point it will be possible to pass to the final level of the evaluation: the impact on the population. This involves evaluating the extent to which we have been able to reduce cases of abuse, negligence, violence among youth and marginalization, as well as the increase in satisfaction of the clientele.

Even though the results of this project will be assessed and presented intermittently throughout the next several years, it is important that we begin now to gather pertinent information. Given the complexity of this project and of the factors involved, we have decided to work from the very beginning to work with our partners, both in the field and in research, on a number of areas. This early work will involve the identification of key indicators which will allow us to evaluate the impact of the Montréal Youth Project.

We must also understand that, viewed on their own, macroscopic indicators from traditional information systems will not suffice if we are to respond to all these questions. This means that we must develop adapted measures and establish a collaboration with the research teams already in place (ex.: evaluation of the effects of the program "Naître Égaux-Grandir en santé").


Organization chart of the changes and results expected from the Montreal Youth Project
1) Implementation approach
2) Production of services and activities *
3) Population
Regional planning and mobilization
• Local support
• Training
• Development of inter-institution agreements (ex. CLSC/CJ)
• Etc
Local planning and mobilization
• Local committees
• Plan of action
• Participation in decision-making and taking action
• Follow-up mechanisms
• Etc
Accessibility
• Increase in prevention / promotion activities
• Clarification of access mechanisms
• Etc
Quality of practices
• Increase in professional training
• Etc
Coordination
• Increase in personalized
• Implementation of agreements
• Etc
Reduction of problems
• Violence
• Abuse
• Negligence
• Marginalization (suicide, teenage pregnancy, drug addiction, homelessness, etc.)
Clientele satisfaction
Situational elements which could influence results, ex. : poverty
* Includes health and well-being promotion activities and interventions, prevention of social adjustment problems and protection

The special role of the Régie régionale de Montréal-Centre in the Montréal Youth Project

Coordination of regional activities

The Régie régionale will assume leadership in implementing the Montréal Youth Project. To this end, it has established a number of committees to support and lead the process, plan the activities related to carrying out the project, coordinate the various regional committees in order to reinforce unified action between sectoral and intersectoral players and to take a position in regard to the orientations of certain social policies.

In order to reinforce unified action between the sectoral and intersectoral players, the Régie régionale will provide the links necessary between the various regional committees and activities.

The following describes some of the regional committees and activities currently underway:

CLSC/Youth centres agreement

This agreement is designed to:
- Clarify the roles and mandates of the CLSCs and the youth centres;

- Propose a local and regional linkage mechanism which will ensure the functional efficiency of the joint provision of services in regard to common and individual needs.

Perinatology Advisory Committee (postnatal period)

Reporting to the Régie régionale, this committee is responsible for issuing notices on the proposal "Roles et modalités d'articulation centres hospitaliers accoucheurs/CLSC/médecins traitants en périnatality" (Roles and linkage mechanisms between hospitals with obstetrical services /CLSCs/Perinatology physicians), as well as in regard to the follow-up of the implementation process and the evaluation of the measures proposed for the 9 hospitals with obstetrical services and 29 CLSCs.

Mental health services - child psychiatry

Current regional activities are designed to reorganize child psychiatry services and to establish out-patient services. Formal linkage mechanisms with the partners in the environment will be determined.

A regional action strategy for young Montréalers from 0-18 years, particularly in regard to suicide prevention, will be implemented in conjunction with the work of the Montréal Youth Project.

Services in the schools

The regional school service committee has a mandate to coordinate integrated planning of health and social services in the schools.

Again as part of the regional activities of the Youth Project, the Régie régionale intends to:

- Link the various emergency services together (youth centres, CLSCs, crisis centres, listening lines);
- Add a social role to the CLSC Info-Santé services, including the identification of regional parameters;
- Pursue discussions and work on the recognition and funding of community organizations.

The Régie régionale is also involved in the implementation and follow-up of the social development strategy drawn up by the Conseil régional de développement de l'Île de Montréal (CRDIM) and its regional partners. The Régie is participating in the plan of action particularly in regard to the issue of improving the health and well-being of Montréalers, which includes a "family - childhood - youth" sector. The activities developed in this sector will be closely related to the Montréal Youth Project. Within the same partnership perspective, the Régie will also be involved in the Youth Forum organized by the CRDIM.

Montréal Youth Project implementation support

The Régie régionale intends to support the implementation of the Montréal Youth Project on the local and regional levels by the following means:

- Occupational and technical support activities, when needed to improve the tools available to the territorial teams, as part of the implementation and start-up of the project;
- Preparation of a support and training plan related to the Montréal Youth Project, specifically by:
  . increasing access to validated screening and diagnostic tools;
  . providing training for crisis intervention workers (particularly in mental health in regard to suicide).
- Identification of health and well-being indicators for children and youth in connection with the Montréal Youth Project;
- An evaluation and implementation process for the Montréal Youth Project and its spin-offs and a regular follow-up;
- Establishment of research activities to support the development of knowledge, practices and quality in the youth sector.

The Régie régionale de la santé et des services sociaux has also ensured the participation of the Direction de la santé publique to support the implementation of the Montréal Youth Project.

The contribution to be made by the Direction de la santé publique includes:

- Producing and analyzing information so that the development of the state of health and well-being of youth can be documented in terms of needs, problems, determinants and results;

- Performing studies and analyses to help clarify the origin of problems experienced by youth;

- Pilot projects to determine the effectiveness and conditions for carrying out of interventions enabling action before problems arise;

- Supporting the introduction of prevention and promotion activities in the communities, based on priorities chosen in the local plans of action;

- Evaluating the implementation, effects and carrying out of programs and services offered to youth.

The Direction de la santé publique fully supports regional and local initiatives to make the prevention and promotion interventions accessible as well as to ensure they are integrated in the promotion - prevention - rehabilitation continuum in such a way as to ensure the continuity of interventions and services. Within this scope, it is also committed to improving the coordination of the activities it initiates and which call on local players by using mechanisms such as those developed with the Regroupement des CLSC de Montréal.

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